



WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503

MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400

TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631

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WEB SITE: www.wsgc.wa.gov

DISCLOSURE OF CORPORATE OFFICERS / STOCKHOLDERS

- | | | | |
|---|-------|----------------------------|-------|
| 1. Corporate Name: _____ | | | |
| Business Mailing Address: _____ | | | |
| _____ | | _____ | _____ |
| City | | State | Zip |
| _____ | | UBI#: _____ | |
| County | | | |
| Telephone: _____ | _____ | FAX: _____ | _____ |
| Cell (Optional): _____ | _____ | | |
| E-Mail Address: _____ | | | |
| Trade Name: _____ | | | |
| 2. Total Stock of Corporation: _____ | | Total Shares Issued: _____ | |

3. CORPORATE OFFICERS / STOCKHOLDERS: In the space provided, list each corporate officer and ALL stockholders.

a. Highest Ranking Officer:

Last Name: _____

First Name: _____ MI: _____

Title: _____

Social Security #: _____ Birthdate: _____

Mailing Address: _____

City State Zip

County

Number of
Shares Owned: _____

Percentage of Stock Ownership: _____% Date Acquired: _____

b. Treasurer:

Last Name: _____

First Name: _____ MI: _____

Social Security #: _____ Birthdate: _____

Mailing Address: _____

City State Zip

County

Number of
Shares Owned: _____

Percentage of Stock Ownership: _____% Date Acquired: _____

c. Chairperson of the Board:

d. Stockholders:

e. **Stockholders:**

Percentage of Stock Ownership: | | | | % Date Acquired: | | | | - | | | | - | | | |

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission (see WACs 230-04-022, 230-12-305, and 230-12-310).

Signature _____ Date: | | - | | - | | |

- (1) Directly or indirectly owning, operating, managing or controlling an entity or any part of an entity; or
- (2) Directly or indirectly profiting from or assuming liability for debts of the entity; or
- (3) Is an officer or director of the entity; or
- (4) Owning ten percent (10%) or more of any class of stock in a privately or closely held corporation, or five percent (5%) or more of any class of stock in a publicly traded corporation; or
- (5) Furnishing ten percent (10%) or more of the capital, whether in cash, goods, or services, for the operation of the business during any calendar year; or
- (6) Directly or indirectly receiving a salary, commission, royalties or other form of compensation from the gambling activity in which an entity is or seeks to be engaged.